DEPARTMENT OF WORKFORCE DEVELOPMENT

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TO: Economic Support Supervisors
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Communications Section

Bureau of Health Care Eligibility

ВІ	BHCE/BWP OPERATIONS MEMO						
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FS CTS FSET JAL WIA Other	EP	MA CC EA JC WtW		SC W-2 CF RAP			

SUBJECT: W-2 TIME LIMIT EXTENSION DECISION PROCESS CHANGES

CROSS REFERENCE W-2 Manual, 2.3.5

EFFECTIVE DATE Immediately

PURPOSE

This Operations Memo changes the steps needed to process W-2 Time Limit Extension decisions and describes the DWS Regional Office (RO) monitoring of extension decisions.

BACKGROUND

Wisconsin statutes provide for either the Department of Workforce Development (DWD), or the W-2 agency with the Department's approval, to make extension approval decisions. When participants began reaching their time limits in 1999, a process was created in which the W-2 agencies reviewed all cases approaching their time limits to determine whether the case was eligible for an extension. If the agency determined that the case was eligible, they prepared a packet of information supporting the decision and submitted it to the Department for final approval. Those cases that did not meet the extension criteria (commonly referred to as "nonextension" cases) were not referred to the Department for review. However, the nonextension cases were monitored by Department staff.

In 1999, this review process was beneficial to the Department. However, it was very time consuming for agencies to prepare the packet of information as well as time consuming for Department staff to review them. The Department has never overturned an agency's decision to approve an extension, which in and of itself is an indication that agencies are appropriately applying the eligibility criteria to extension approvals. With that in mind, the Department revisited the extension decision process and made a change.

POLICY

NEW EXTENSION DECISION PROCESS

Effective April 1, 2003*, W-2 agencies were given decision-making authority for all extension approvals and denials. This eliminated the need to submit an extensive packet to the regional office as well as eliminated two forms (DES-11282 and DES-11283). W-2 agencies now only have to submit form DWSW-11661 to the regional offices; no additional documentation is required.

When determining eligibility for an initial extension, the FEP must complete the *W-2 Agency Time Limit Extension Record (DWSW-11661)* for both extensions approvals and denials. The record must be signed by the W-2 participant and an authorized agency representative as determined by the agency. The agency may delegate this to the FEP, but that will be left to the discretion of the agency. One copy of the form must be placed in the participant's file, one copy must be sent to the DWS Regional Office no later than the end of the 20th month for 24-month extensions or the end of the 56th month for 60-month extensions and one copy given to the participant. These timeframes are the same timeframes required under the old process.

The extension decision must continue to be entered in CARES (AIWE) no later than the 20th month for 24-month extensions or the 56th month for 60-month extensions.

For those participants who have been denied or who have declined an extension, the FEP must continue to closely monitor the case in the final months (21st through 24th or 57th through 60th) to determine if circumstances have changed that would result in the need for an extension. This would also apply to participants who are nearing the end of an existing extension but have not been granted a subsequent extension.

When determining eligibility for a **subsequent extension**, again, regardless of the extension decision, the FEP must complete the *W-2 Agency Time Limit Extension Record (DWSW-11661)*. The subsequent extension decision must be entered in CARES (AIWE) no later than the month prior to the current extension end month. Under the old process, we had a different timeframe for entering a decision for a 60-month subsequent extension. This has been changed to help avoid confusion.

^{*} W-2 agencies were given the authority to begin making extension decisions April 1, 2003. Through the regional offices, agencies were provided the updated form and the general procedures for processing extensions in CARES.

CARES PROCESSING WORKAROUNDS

The following CARES instructions are workarounds to be completed by the workers until CARES logic can be changed to support the new extension decision process. CARES decision notices have been changed accordingly to ensure appropriate notification to the participants. It will be particularly important for clear, concise communication with the participants regarding extension decisions until CARES logic can be changed to support the new extension decision process

INITIAL EXTENSION DECISIONS

Under existing policy, when an agency decision is made regarding the extension, timely entry of the decision must be made in CARES no later than the last day of the 20th month for a 24-month extension or the 56th month for a 60-month extension.

Initial Extension Approvals: Enter the appropriate state decision code **at the same time as** the agency decision code (ERA). This will automatically suppress the *agency* extension approval notice and only trigger the *state* approval notice.

Initial Extension Denials: Enter the agency decision code only (LLM, NAE, NPA, NSB, TJA). This will generate the *agency* denial notice, which is appropriate.

Voluntarily Declined Initial Extensions: If the participant declines an extension, enter the agency decision code only (PDE). This will generate the appropriate voluntarily decline extension notice.

SUBSEQUENT EXTENSION DECISIONS

Subsequent extension decisions must be entered in CARES no later than the month prior to the current extension end month. For example, if the current extension end month is 12/04, the subsequent extension decision would have to be entered no later than 11/04.

Subsequent Extension Approvals: Enter the agency approval decision code (ERA) no later than the month prior to the current extension end month. This will generate the extension approval notice. Enter the appropriate state approval decision code on the first day after the extension expires. If that is not possible, the state approval decision code must be entered prior to adverse action or the end of the current participation period, whichever comes first. At that time, reopen W-2 and the appropriate placement.

Example: 3/18/04 is the adverse action date for March 2004. 3/15/04 is the end of the current participation period for March 2004. The state approval decision must be entered prior to 3/15/04.

Subsequent Extension Denials: Enter the agency denial decision code no later than the month prior to the current extension end month. This will generate the agency denial notice, which is appropriate.

Voluntarily Declined Subsequent Extensions: Enter the agency decision code (PDE) no later than the month prior to the current extension end month. This will generate the appropriate voluntarily decline extension notice.

REACHING 24-MONTH TIME LIMIT AND THE 60-MONTH TIME LIMIT AT THE SAME TIME

Currently, in situations in which a participant is going to reach 24 months in a W-2 employment position or the end of a 24-month extension within six months of reaching the 60-month lifetime clock, the agency is able to determine eligibility for a 60-month extension. The 60-month extension would then take precedence. The purpose for that procedure was so that the W-2 agency did not have to complete extension packets for both the 24-month time limit and 60-month time limits within six months of each other. Although this process was meant to relieve some of the burden from the W-2 agencies, CARES logic was not designed to handle these situations very well. Because extensive packets are no longer required, the CARES processing steps have been changed.

New Processing

If a participant is going to reach 24-months in a W-2 employment position or the end of a 24-month extension within six months of reaching the 60-month lifetime clock, the agency must complete two extension forms: one for a 24-month extension for the number of months remaining until the participant reaches 60 months and one for the 60-month extension. The FEP must still follow <u>all</u> appropriate extension decision CARES entry timelines. Refer to the **CARES PROCESSING WORKAROUNDS** section for details on timelines and CARES entries.

Example 1: Mary will reach her 24th month in a CSJ and her 55th month of her 60-month lifetime clock in July. The FEP must::

MTH	24-MTH CLOCK	60-MTH CLOCK	ACTION
Jan	18	52	Review eligibility for a 24-month extension and a 60-month extension.
Feb	19	53	
Mar	20	54	Submit DWSW-11661 for a two-month 24-month extension and enter it in CARES by the end of the 20 th month. FEP may also submit a form for 60-month extension and may enter the 60-month <i>agency</i> decision in CARES.
April	21	55	
May	22	56	Have submitted DWSW-11661 for Mary's 60-month extension and entered the 60-month <i>agency</i> decision in CARES.
June	23	57	
July	24	58	
Aug	Ext Mth 1	59	
Sept	Ext Mth 2	60	
Oct		Ext Mth 1	Enter the 60-month <i>state</i> decision on the first day following the end of the 24-month extension.

Example 2: Barbara will reach the end of her initial 24-month extension in June, two months prior to reaching her 60-month time limit. The FEP must:

MTH	24-MTH CLOCK	60-MTH CLOCK	ACTION
Dec	24	52	
Jan	Initial Ext Mth 1	53	
Feb	Initial Ext Mth 2	54	Review eligibility for an initial 60-month extension and a subsequent 24-month extension.
Mar	Initial Ext Mth 3	55	
April	ril Initial Ext Mth 4 56		Submit DWSW-11661 for an initial 60-month extension and enter the 60-month <i>agency</i> decision in CARES no later than the end of the 56 th month. FEP may also submit a form for a two-month subsequent 24-month extension and may enter the 24-month <i>agency</i> decision in CARES.
May	Initial Ext Mth 5	57	Have submitted DWSW-11661 for a two-month subsequent 24-month extension and entered the 24-month agency decision in CARES.
June	Initial Ext Mth 6	58	
July	Subs Ext Mth 1	59	Enter the two-month 24-month state decision.
Aug	Subs Ext Mth 2	60	
Sept		Ext Mth 1	Enter the 60-month <i>state</i> decision on the first day following the end of the 24-month extension.

NOTE ➤ Do not change existing 60-month extensions that are already entered under the old procedure. Changing existing 60-month extensions may create CARES problems that would require DWD action in order to correct.

DWS REGIONAL OFFICE (RO) MONITORING OF EXTENSION DECISIONS

The RO will be conducting a sample review of those cases that are approved for extensions by the W-2 agencies. DWS RO staff will continue to review cases that are denied extensions by the W-2 agencies except for cases denied because the participant has found full-time, permanent employment. The monitoring process will focus on ensuring:

- 1. CARES case comments (CMCC) reflects a discussion between the FEP and the participant related to the extension decision.
- 2. The Barriers Screening Tool (BST) has been completed to assess the participant's functional ability and risk for barriers unless declined by the participant.
 - a) If the BST was declined, it should be appropriately documented on the W-2 Barrier Screening Tool Agreement form.

- b) If the BST has been completed, the following will be reviewed
 - (1) A formal assessment has been completed for those barriers that the BST indicates the participant is at-risk of having.
 - (2) Based on the results of the formal assessment, appropriate consideration has been given to:
 - The participant's level of placement on the W-2 ladder; and
 - The activities the participant is assigned to, including needed services and workplace accommodations to address the barrier, as reflected in the EP.
- 3. To determine whether the agency was or should have been aware of and addressed potential barriers for reasons other than BST identification, including participant self-report, other information or behavior cues. For example, TABE testing showing grade school reading scores; non-participation significant enough that it should have alerted the agency to a need to screen; income verification showing a child's receipt of SSI disability benefits but no discussion of whether the child's disability affected the ability to participate, review of case comments and files from other agencies in which W-2 participation occurred.
- 4. An individualized employability plan was created and updated jointly by the W-2 agency and the participant throughout his or her time on W-2 and it reflected appropriate* activities.

The following additional elements may be reviewed depending upon the reason for the extension decision.

- a) When an extension is denied based on noncooperation by the participant, the case will be reviewed to ensure that appropriate* activities and/or services were assigned and case management was offered to assist the participant specifically with developing the skills needed to manage issues that arise so the participant does not continue to miss activities without good cause.
- b) Voluntarily declined extension cases will be reviewed to ensure that participants understood the decision and made it willingly.
- c) That prior to denying an extension, the agency reviewed both CARES comments and all paper files, including files from other agencies in which W-2 participation occurred, to determine whether any barriers were previously identified and were not fully addressed.

If it is determined that documentation is inadequate or that an agency has not followed policy, the extension decision may be reversed by the Department under the authority given in Wis. Stats. 49.147(3)(c), (4)(b) and (5)(b)2. In addition, the Department may take any and all action outlined in of the 2004 - 2005 Wisconsin Works (W-2) and Related Programs Contract, Sections 17 and 18

W-2 Agency Time Limit Extension Record Form

http://workweb.dwd.state.wi.us/forms/dws/pdf/DWSW 11661 E.pdf

^{*}Appropriate activities must be reflected in the employability plan and should include, but not be limited to, education, training, work, treatment, counseling, etc. These activities must be individually designed and based on the participant's needs, abilities, family circumstances and identified barriers and disabilities. Activities must be designed to assist the participant overcome barriers to employment and provide the skills needed to secure and maintain full-time employment.

CONTACTS

BHCE CARES Information & Problem Resolution Center

★Program Categories – FS – Food Stamps, MA – Medicaid, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – Food Stamp Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WtW – Welfare to Work, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DWD/DWS/BWP/MM